

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/22/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
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F0000	<p>This visit was for Investigation of Complaints IN00109996, IN00110070, and IN00110303.</p> <p>Complaint IN00109996 - Substantiated. Federal/state deficiencies related to the allegations are cited at F514.</p> <p>Complaint IN00110070 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441 and F514.</p> <p>Complaint IN00110303 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441 and F514.</p> <p>Survey dates: 6/21 and 6/22/12</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 1 SNF/NF: 62 Total: 63</p> <p>Census payor type: Medicare: 4 Medicaid: 55</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Other: 4 Total: 63</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 27, 2012 by Bev Faulkner, RN</p>						

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure</p>		F0441	What corrective action(s) will be accomplished for those		07/10/2012	

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	<p>infestation of scabies was tracked and monitored as part of the facility's surveillance procedures for 1 of 2 facility episodes of infestation/treatment for scabies. This deficient practice affected 4 of 7 residents reviewed related to scabies infestation in a sample of 8. (Residents G, H, A, and E)</p> <p>Findings include:</p> <p>During interview on the Initial Tour on 6/21/12 at 10:15 a.m., the Assistant Director of Nursing (ADON) indicated the 20-Hall was on containment with all residents confined to the hall since the residents on the hall were being treated with a scabicial medication. The ADON indicated Resident G recently had a positive skin scraping indicating scabies was present, so all residents on the hall were being treated for possible scabies. She indicated some employees also had been treated for rashes.</p> <p>On 6/21/12 at 12:15 p.m., residents were observed having lunch in the dining room on the 20-Hall. Resident A was seated in a wheel chair at the table. The resident rubbed his hands together, interlacing the fingers and twisting them back and forth, and scratched the top of the thighs and the groin area.</p>		<p>residents found to have been affected by the deficient practice? ·Resident G negative for scabies with skin scraping results for alleged deficient practice ·Resident A negative for scabies with skin scraping results for alleged deficient practice ·Resident H negative for scabies with skin scraping results for alleged deficient practice ·Resident E negative for scabies with skin scraping results for alleged deficient practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? · All residents have the potential to be affected by the alleged deficient practice. · Full skin sweep conducted by DNS/Designee on 7/1/12 to ensure all other skin issues were identified and addressed. · Licensed Nursing staff will be re-educated on or by 7/3/12 on infection control and skin conditions tracking by the DNS/designee. Post test included. · Re-education on infection control programs include but not limited to: daily surveillance log, individual report worksheet, monitor residents for change, monthly nosocomial infection report, complete facility map with key. In servicing will take place on or by 7/10/12. · Non-compliance with these practices will result in further education including disciplinary</p>				

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	<p>During interview on 6/21/12 at 12:20 p.m., Resident H indicated about six weeks ago she went to the dermatologist, and he said she had scabies. She indicated she itched all over, especially at night, "driving me nuts." She indicated she had red splotches all over her back, bottom side, and neck.</p> <p>1. The clinical record for Resident H was reviewed on 6/21/12 at 12:30 p.m. The record indicated a consultative office visit to the dermatologist on 3/19/12. The dermatologist's note indicated, "Physician Examination:...Head, neck, upper chest, back, and upper and lower extremities reveal xerosis and excoriation. Close examination reveals evidence of burrow infestation. We have done a wet knot today and confirmed scabiectic activity in the form of live mites. Assessment: Scabies infestation. Plan: Nursing home authorities have been notified. The patient is going to be treated with Elimate [scabicial medication] cream...."</p> <p>2. The clinical record for Resident G was reviewed on 6/21/12 at 2:00 p.m. Physician telephone orders, dated 3/20/12, indicated the resident was to have a skin scraping to rule out scabies, receive treatment with a scabicial medication, and repeat the treatment in seven days.</p>		<p>action. · Director of nursing services/designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?· Full skin sweep conducted by DNS/Designee on 7/1/12 to ensure all other skin issues were identified and addressed. · Licensed Nursing staff will be re-educated on or by 7/3/12 on infection control and skin conditions tracking by the DNS/designee. Post test included. · Re-education on infection control programs include but not limited to: daily surveillance log, individual report worksheet, monitor residents for change, monthly nosocomial infection report, complete facility map with key. In servicing will take place on or by 7/10/12. · Non-compliance with these practices will result in further education including disciplinary action. · Director of nursing services/designee is responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · DNS/Designees will do audits on skin assessments and infection control weekly x 4, bi-weekly x 2 months, monthly x 3 and quarterly thereafter. ·</p>				

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	<p>3. The clinical record for Resident A was reviewed on 6/22/12 at 9:45 a.m. Physician telephone orders, dated 3/20/12, indicated the resident was to have a skin scraping to rule out scabies, receive treatment with a scabicial medication, and repeat the treatment in seven days.</p> <p>4. The clinical record for Resident E was reviewed on 6/22/12 at 9:30 a.m. Physician telephone orders, dated 3/20/12, indicated the resident was to have a skin scraping to rule out scabies, receive treatment with a scabicial medication, and repeat the treatment in seven days.</p> <p>On 6/22/12 at 10:45 a.m., the facility's Nurse Consultant provided the facility's Nosocomial Infection Reports for January through May 2012. During interview at this time, she indicated reports for June 2012 were not yet completed. The report for March 2012 indicated four infections related to skin, and further information related to details of the four infections was requested.</p> <p>During interview on 6/22/12 at 12:00 noon, the facility's Nursing Consultant and Director of Nursing indicated they had spoken with the nurse who completed</p>			Findings from the CQI process will be reviewed monthly and an action plan will be implemented for thresholds below 95%.			

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	<p>the Nosocomial Infection Reports. They indicated the problems in March 2012 related to scabies infestation had not been tracked on the Nosocomial Infection Report. They indicated the nurse completing the form did not consider scabies as an infection. They indicated the scabies should have been tracked as an infection.</p> <p>The facility's policy for Surveillance Routine Procedure was provided on the conference room table on 6/22/12 at 11:15 a.m. The policy indicated, "Daily review information related to possible infections: Culture report(s) and/or pertinent lab data....Daily document on Daily Surveillance Log....Initiate Individual Report Worksheet form....Monitor residents for change....Monthly complete Nosocomial Infection Report form...Complete facility map - color code....Monthly prepare agenda items for Infection Control and Prevention Committee meeting....Quarterly complete Continuous Quality Improvement Activities. (Reviewed 12/2011)."</p> <p>This federal tag relates to IN00110070 and IN00110303.</p> <p>3.1-18(b)(1)</p>						

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F0514 SS=E	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were transcribed accurately, and that a medication administered on an as needed basis was documented on the medication administration record. The facility also failed to ensure documentation related to skin assessments and skin scrapings for laboratory testing was complete and accurate. The deficient practice affected 4 of 8 residents whose records were reviewed related to complete and accurate documentation. (Residents F, E, A, and C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident F was reviewed on 6/21/12 at 2:15 p.m. The record indicated the resident was admitted to the facility on 5/22/12 after</p>		F0514	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? ·Resident F no longer resides in the facility. ·Resident E negative for scabies upon skin scraping results. Physician order was followed through and resident received treatment for rash. ·Resident A treated for scabies with no further symptoms of scabies. ·Resident C negative for scabies upon skin scraping and physician order to treat was followed through. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? · All residents have the potential to be affected by the alleged deficient practice. · Charge nurse/Designee will conducted an audit to ensure physician orders</p>		07/10/2012	

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	<p>hospitalization. Diagnoses on the hospital History and Physical, dated 5/7/12, included, but were not limited to, "coronary artery disease, status post coronary artery bypass graft and status post current ischemic attack that has presented with the bilateral arm pain and hand pain with a patent cath [catheter] per [name of physician] and as per his wife; ischemic cardiomegaly with ejection fraction showed 25 to 30%; hypertension; non-ST myocardial infarction previously; and left bundle branch block. The hospital physician's Discharge/Home Medication Reconciliation, dated 5/21/12, included, but was not limited to, "Nitroglycerin sublingual tab: ordered as: Nitrostat, 0.4 milligrams, sublingual, every 5 minutes PRN [as needed] for chest pain."</p> <p>The facility physician's orders transcribed upon admission on 5/22/12 failed to indicate an order for nitroglycerin as needed for chest pain.</p> <p>Resident Progress Notes, dated 5/22/12 at 7:24 p.m., indicated, "Resident complaining of chest pain. MD notified. New order for Nitrostat 0.4 mg sublingual q [every] 5 min [minutes] PRN, do not exceed 3 doses...."</p> <p>Resident Progress Notes, dated 5/23/12 at</p>		<p>are transcribed, accurate, and up to date into resident current medical record. · Skin assessments were completed by DNS/Designee on 7/1/12 to ensure up to date and complete. · Licensed Nursing staff will be re-educated on or by 7/3/12 on documentation, including the accuracy of completing assessments, as well as, documentation the assessments appropriately. Documentation must include the type of rash, size, location, and description to be considered completed appropriately. · Re-education on various programs will occur on or by 7/10/12 including: documentation guidelines, skin program, weekly skin assessments, and overview of skin management program. · Non-compliance with these practices will result in further education including disciplinary action. · Director of nursing services/designee is responsible to ensure compliance. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? · An audit of physician orders and PRN medications reviewed by DNS/Designee to ensure documentation was complete and accurate. All orders will be reviewed daily by DNS/Charge nurse to ensure transcribed orders are accurate and complete. · Skin</p>				

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	<p>12:43 p.m., indicated, "...C/O [complained of] chest pain this AM [morning]. PRN nitro X1 [times one dose] was effective...."</p> <p>Documentation was lacking on the Medication Administration Record for May 2012 that the medication was administered on 5/22/12 or 5/23/12.</p> <p>During interview on 6/22/12 at 4:30 p.m., the Assistant Director of Nursing (ADON) indicated the resident's physician may not have ordered Nitrostat when the nurse called him to verify orders at the time of admission, since the medication was not included in transcribed physician's orders. The ADON indicated that was probably not the case though, considering the resident's diagnoses. She indicated the omission of the order was probably an oversight. She also indicated she was unable to determine from the documentation in the record if the Nitrostat was administered on 5/22/12 after the order was obtained. She also indicated the administration of the Nitrostat on 5/23/12 was not documented on the Medication Administration Record.</p> <p>2. The clinical record for Resident E was reviewed on 6/22/12 at 9:30 a.m. Physician telephone orders, dated</p>		<p>assessments were completed by DNS/Designee on 7/1/12 to ensure up to date and complete. Results of the skin assessments will be documented in the medical record by the DNS/Designee. Skin assessments documents will be reviewed weekly to ensure accurate and complete by DNS/Designee. Infection control log will be updated as needed by DNS/Designee. Licensed Nursing staff will be re-educated on or by 7/3/12 on documentation, including the accuracy of completing assessments, as well as, documentation the assessments appropriately. Documentation must include the type of rash, size, location, and description to be considered completed appropriately. Re-education on various programs will occur on or by 7/10/12 including: documentation guidelines, skin program, weekly skin assessments, and overview of skin management program. Non-compliance with these practices will result in further education including disciplinary action. Director of nursing services/designee is responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>To ensure compliance, the</p>				

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	<p>3/20/12, indicated the resident was to have a skin scraping to rule out scabies, receive treatment with a scabicial medication, and repeat the treatment in seven days.</p> <p>The Weekly Skin Assessment, dated 3/20/12, indicated the resident had a rash "all over body."</p> <p>The next Weekly Skin Assessment, dated 4/5/12, indicated the resident had "None of the above" for Skin tears, Open areas, Marks, Bruises, Discoloration/Rashes, Dry/cracked lips, or Dry mucous membranes.</p> <p>The next Weekly Skin Assessment, dated 4/18/12, indicated, "None of the above" for Skin tears, Open areas, Marks, Bruises, Discoloration/Rashes, Dry/cracked lips, or Dry mucous membranes.</p> <p>The Physician's Progress Note for the same date as the Weekly Skin Assessment, 4/18/12, included, but was not limited to, "...She also has been having a mild pruritic rash on her torso. She is not sure how long it has been there but thinks it is just a recent thing within the last week or two. She states it is mostly around her neck and upper back and mild. There has been no relief for the</p>			<p>DNS/Designee is responsible for the completion of the skin management and MAR/TAR flow sheet CQI tool weekly times 4 weeks, bi-monthly times 2 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>			

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	<p>past few weeks with over the counter lotion. Overall this symptom is mild...."</p> <p>The Physician Exam portion of the Progress Note indicated, "Skin...Warm and dry. She has a few solitary lesions on her upper back mostly on the left side and her neck as well that have scabbed over with minimal excoriations. She also has some minimal erythematous minimal raised areas as well in the same vicinity...."</p> <p>3. The clinical record for Resident A was reviewed on 6/22/12 at 9:45 a.m. Physician telephone orders, dated 3/20/12, indicated the resident was to have a skin scraping to rule out scabies, receive treatment with a scabicial medication, and repeat the treatment in seven days.</p> <p>The Weekly Skin Assessments on the following dates indicated, "None of the above" for Skin tears, Open areas, Marks, Bruises, Discoloration/Rashes, Dry/cracked lips, or Dry mucous membranes: 3/5, 3/12, 3/13, 3/20, and 3/26/12.</p> <p>4. The clinical record for Resident C was reviewed on 6/22/12 at 10:15 a.m. The record indicated a Physician's Telephone Order, dated 6/9/12, for "Contact isolation X 48 hours." The "Care Plan Update"</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/22/2012	
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	<p>section of the Physician's Telephone Order indicated, "Problem: rash." Documentation in Resident Progress Notes and on Weekly Skin Assessments failed to indicate a description of the rash.</p> <p>During interview on 6/22/12 at 11:05 a.m., Resident C indicated she had a rash that itched on her right side. She indicated her daughter had looked at the rash and told her it looked like little pimples.</p> <p>During interview on 6/22/12 at 2:25 p.m., the Assistant Director of Nursing (ADON) indicated when the facility has received physician's orders for skin scrapings related to possible scabies, she has completed the skin scrapings. She indicated the clinical record did not show Resident A had a rash, but she saw the rash when the skin scraping was completed. Subsequently the ADON provided copy of a late entry for a Skin Integrity Event for Resident A, dated for 3/20/12 and written on 6/22/12, indicating, "Wound/skin condition type: Rash; Site: generalized rash; Describe measurements in cm [centimeters]: small red non fluid filled rash back, chest, arms, legs." The ADON also provided copy of a late entry for Skin Integrity Event for Resident C, dated 6/9/12 and written 6/22/12, indicating, "Wound/skin</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>condition type: Rash; Site: abdomen/side; Describe measurements in cm [centimeters]: red/raised rash on abd [abdomen]/side - not fluid filled."</p> <p>This federal tag relates to Complaints IN00109996, IN00110070, and IN00110303.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						